REQUEST FOR PATENT FEE REFUND 2018 1					
1 Date of Request: 2 Serial/Patent #					
3 Please refund the following fee(s):		4 PAPER 5 NUMBER		5 DATE FILED	6 AMOUNT
	Filing				\$
	Amendment				\$
	Extension of Time				\$
·	Notice of Appeal/Appeal				\$
	Petition				\$
	Issue				\$
	Cert of Correction/Terminal Disc.				\$
	Maintenance				\$
	Assignment				\$
	Other				\$
		7 TOTAL AMOUNT OF REFUND \$			
		8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check			
	Overpayment		Cı	redit Depo	osit A/C #:
	Duplicate Payment		9		
	No Fee Due (Explanation):	L			
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME:		<del></del> -		TLE:	85 PKIDWELL 0820154300
SIGNATURE:		<u> </u>	FCP	CNE: Hame/Hu	#Ber:19528981 #598.09 CR
OFFICE:					
THIS SPACE RESERVED FOR FINANCE USE ONLY:					
APPROVED:			E: _		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B